

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/743826</u>	FILING DATE <u>24 Feb 2001</u>				
CLAIMS							*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4	1						54					
5	1						55					
6	1						56					
7	1						57					
8							58					
9	1						59					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	8	1	1	1	1	1	TOTAL DEP.	1	1	1	1	1
TOTAL CLAIMS	11	1	1	1	1	1	TOTAL CLAIMS	1	1	1	1	1